

Original - do not destroy 7/23/95

Case No.

956855

JACKSON COUNTY SHERIFF'S DEPARTMENT

INCIDENT REPORT

Page 1 of 4

☒ INITIAL ☐ SUPPLEMENTAL

Assoc. Case No.		Case Status: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Unfounded <input type="checkbox"/> Inactive <input type="checkbox"/> Arrest <input type="checkbox"/> Closed		Cleared Exceptionally: <input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> Extension Denied		D <input type="checkbox"/> Victim Refused to Cooperate E <input type="checkbox"/> Juvenile/No Custody		<input checked="" type="checkbox"/> State <input type="checkbox"/> Deputy <input checked="" type="checkbox"/> JACNET <input type="checkbox"/> Detectives <input type="checkbox"/> District Court <input type="checkbox"/> Circuit Court <input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Victim/Witness <input type="checkbox"/> Mental Health <input type="checkbox"/> Med. Examiner <input type="checkbox"/> JDH <input type="checkbox"/> CSD					
Location of Occurrence: 185 N. RIVER RD G. Hill				Reported Date/Time: 6-2-95/1000		Occurred Date/Time: 5-31-95 2000							
Primary and Secondary Crimes: 1 MISSING PERSON				Activity:		Weapon:							
Type: C-1		Name of Complainant: FORSECA, LAVINA RAE		Birthdate: 9-2-37		Sex: F		Race: W		Phone: (H): 596-2213			
Conf. <input type="checkbox"/> Yes		Address: 351 Brown RD O'Brien OR		Employed At:		Scene: Domestic Violence: <input type="checkbox"/> Yes <input type="checkbox"/> No Gang Involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No		Suspected of Using: <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/> Drugs <input type="checkbox"/> N/A		Case Coding: 112 M1			
Type of Victim (One Only): I = Individual F = Financial L = LE Officer S = Society U = Unknown B = Business G = Government R = Religious O = Other		Name of Victim: KELLEY, WILLIAM FRED (FATHER)		Birthdate: 9-2-37		Sex: M		Race: W		Injury Type (5 maximum): <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> U			
Type: -1		Name of Victim: KELLEY, WILLIAM FRED (FATHER)		Birthdate: 9-2-37		Sex: M		Race: W		Injury Type (5 maximum): <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> U			
Conf. <input type="checkbox"/> Yes		Address: 701 MILLER ST MARCO CA		Phone: (H): 769-8706		Employed At:		Injury Type (5 maximum): <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> U		Employed At:			
Type: -2		Name of Victim:		Birthdate:		Sex:		Race:		Injury Type (5 maximum): <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> U			
Conf. <input type="checkbox"/> Yes		Address:		Phone:		Employed At:		Injury Type (5 maximum): <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> U		Employed At:			
Type: S-1		Name of Suspect: KELLEY, DANNY LEE		Birthdate:		Sex: M		Race: W		Ethnicity: O			
Type: S-2		Name of Suspect:		Birthdate:		Sex:		Race:		Ethnicity:			
Type: S-3		Name of Suspect:		Birthdate:		Sex:		Race:		Ethnicity:			
Narrative Summary of Crime/Incident: Complainant Reports his son is a missing person.										M.O. Codes: Burglaries & Thefts: <input type="checkbox"/> 201 (No Force) <input type="checkbox"/> 202 (Force)			
Deputy Name and Number: WALCH 112										Shift/Date: Day 6 6-2-95		Approved/Date by: 6-2-95 DA	
BY: DAH Date: 6-2-95										X APB X LEO/NCIC			

Case No.

JACKSON COUNTY SHERIFF'S DEPARTMENT

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INCIDENT REPORT

(Slide 2)

TYPE		W = Witness	P = Person of Interest				
WITNESSES & PERSONS OF INTEREST	Type	Name	Birthdate Sex Race Phone				
	Conf <input type="checkbox"/> Yes	Address	Employed At:				
	Type	Name	Birthdate Sex Race Phone				
	Conf <input type="checkbox"/> Yes	Address	Employed At:				
	Type	Name	Birthdate Sex Race Phone				
	Conf <input type="checkbox"/> Yes	Address	Employed At:				
	Type	Name	Birthdate Sex Race Phone				
	Conf <input type="checkbox"/> Yes	Address	Employed At:				
	Type	Name	Birthdate Sex Race Phone				
	Conf <input type="checkbox"/> Yes	Address	Employed At:				
	Type	Name	Birthdate Sex Race Phone				
	Conf <input type="checkbox"/> Yes	Address	Employed At:				
	Type	Name	Birthdate Sex Race Phone				
	Conf <input type="checkbox"/> Yes	Address	Employed At:				
	Type	Name	Birthdate Sex Race Phone				
	Conf <input type="checkbox"/> Yes	Address	Employed At:				
	Type	Name	Birthdate Sex Race Phone				
	Conf <input type="checkbox"/> Yes	Address	Employed At:				
Type of Victim (One Only)		I = Individual B = Business	F = Financial G = Government	L = L.E. Officer R = Religious	S = Society O = Other	U = Unknown	Note: "I" or "L" Requires VOR Entry
VICTIMS	Type	Name of Victim	Birthdate Sex Race	Injury Type (5 maximum) N <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> U <input type="checkbox"/>			
	Conf <input type="checkbox"/> Yes	Address	Phone	Employed At:			
	Type	Name of Victim	Birthdate Sex Race	Injury Type (5 maximum) N <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> U <input type="checkbox"/>			
	Conf <input type="checkbox"/> Yes	Address	Phone	Employed At:			
	Type	Name of Suspect	Birthdate Sex Race Ethnicity	Victim/Offender Relationships V# S# Rel.			
	Type	Name of Suspect	Birthdate Sex Race Ethnicity	V# S# Rel.			
SUSPECTS	Type	Name of Suspect	Birthdate Sex Race Ethnicity	Victim/Offender Relationships V# S# Rel.			
	Type	Name of Suspect	Birthdate Sex Race Ethnicity	V# S# Rel.			
	Type	Name of Suspect	Birthdate Sex Race Ethnicity	V# S# Rel.			
	Type	Name of Suspect	Birthdate Sex Race Ethnicity	V# S# Rel.			
	Type	Name of Suspect	Birthdate Sex Race Ethnicity	V# S# Rel.			
	Type	Name of Suspect	Birthdate Sex Race Ethnicity	V# S# Rel.			

Case No.

95 6855

JACKSON COUNTY SHERIFF'S DEPARTMENT

SUSPECT / ARRESTEE DETAILS

(Side 1)

Page 3 of 4TYPE OF ARREST
(CHECK ONE)☐ On View Arrest
☐ Summoned/Cited☐ Taken into
CustodyPERSON
IDENTIFIED AS:☐ Suspect
☐ Runaway☐ Deceased
☒ Missing Person

SUSPECT/ARRESTEE DETAILS

Type - #

S-1

Full Name

KELLEY, DANNY LEE

Address

TRANSIENT

Known AKA/s:

Phone (H):

(W):

Age/Range

35 6-5.59

Height/Range

6-0

Weight/Range

160

Hair Dk
Brd
S. length

Eyes

GRN

Driver's Lic

3437030

State

OR

Social Security No.

SID#:

Employed At:

97

Other Physical Characteristics/Last Seen Wearing:

FAKE Shorts / GRN Button up shirt w/ Bamboo Pattern / white
REEBOK ATHLETIC SHOES.

Scars/Marks/Tattoos/Handicaps (Include description). If SMT's already on file, check the following box:

☐ On File

SMT/H - L/R - Lower Arm - PEA Cock

SMT/H - L/R - Upper Arm - Crescent Moon & Stars

SMT/H - L/R -

ARREST DETAILS

ARRESTEE ARMED WITH/AT TIME

OF ARREST (2 maximum)

☐ Check if Fully Automatic01 ☐ Unarmed11 ☐ Firearm (type unk)12 ☐ Handgun13 ☐ Rifle14 ☐ Shotgun15 ☐ Other Firearm16 ☐ Lethal Cutting Instrument17 ☐ Club/Blackjack/Brass Knuckles

FOR DRUG LAW VIOLATIONS ONLY:

DRUGS IN POSSESSION AT TIME OF ARREST
(3 maximum)A ☐ CrackB ☐ Oth CocaineC ☐ HashishD ☐ HeroinE ☐ MarijuanaF ☐ MorphineG ☐ OpiumH ☐ Oth Narc.I ☐ LSD/SyntheticsJ ☐ PCPK ☐ Oth HallucinogensL ☐ Amphetamines/MethM ☐ Oth StimulantsN ☐ BarbituratesO ☐ Oth DepressantsP ☐ Other DrugsU ☐ Unk Type Drug

DUI INTOXICANT

TYPE: (Check One)

A ☐ AlcoholD ☐ DrugsU ☐ Undetermined

INTOXILYZER

RESULTS

08 ☐ Under .0814 ☐ .08 - .1419 ☐ .15 - .1999 ☐ .20 & AboveRE ☐ RefusedNG ☐ Not GivenArrest Date &
Time:

Location of Arrest

Arrested By

☐ Reporting Deputy

Charges

Court Date & Time

4/4

Mentioned: Lavina Fonseca (comp, mother of missing person)
Danny Kelley (missing person)
Troy Beaver (witness)

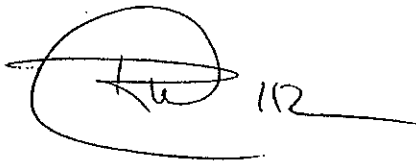
Action Taken: On the morning of 6-2-95, I talked with the comp by phone. She said her son had recently moved to the Gold Hill area from Washington state after a divorce. He was staying with a friend, Troy Beaver, at Beavers residence, 185 N. River Rd. The comp said her son was despondent over his divorce and has a drinking problem. She said he also has had a problem with drugs in the past.

On the evening of 5-31, she received a phone call from Troy asking that she come and pick up he son, as he appeared ill. She said that when she arrived at Troys home at approx 2000 hrs., she found her son under the influence of alcohol. She also found him to be delusional, seeing and talking to people and things that did not exist. When she tried to get him into her car he ran down behind the house to the shore line of the Rogue River and disappeared into the foliage. He has not been seen or heard from since.

The comp has contacted local county jails, hospitals and similar institutions but has not located her son. She has no idea as to his whereabouts.

I talked with Beaver by phone. He said that he was a friend of Kelley's and that he had been staying in a guest house behind his home for approx 3 days. He described Kelly's delusional state of mind as described by the comp. He said he had not seen Kelly since he ran down to the river. He did not know of any other friends of Kelly's where he may have gone. Beaver said that the river in this area has a very gentle bank. He did not believe that Kelly could have fallen into the river.

Action Rec: Enter Kelly into LEDSand send local ATL.



95-6855

INCIDENT REPORT

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☐ INITIAL ☒ SUPPLEMENTAL

Assoc. Case Nos.		Case Status		Cleared/Exceptionally		By	
		<input checked="" type="checkbox"/> Open <input type="checkbox"/> Inactive <input type="checkbox"/> Closed	<input type="checkbox"/> Unfounded <input type="checkbox"/> Arrest	A <input type="checkbox"/> Death of Offender B <input type="checkbox"/> Prosecution Declined C <input type="checkbox"/> Extradition Denied	D <input type="checkbox"/> Victim Refused to Cooperate E <input type="checkbox"/> Juvenile/No Custody	<input checked="" type="checkbox"/> Stats <input type="checkbox"/> Deputy <input type="checkbox"/> JACNET <input type="checkbox"/> Detectives <input type="checkbox"/> District Court <input type="checkbox"/> Circuit Court <input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Victim/Witness <input type="checkbox"/> Mental Health <input type="checkbox"/> Med. Examiner <input type="checkbox"/> JDH <input type="checkbox"/> CSD	
Location of Occurrence		Reported Date/Time		Occurred Date/Time			
MISSING PERSON		6-2-95		5-31-95			
Primary and Secondary Crimes		A/C		Activity		Weapon	
1							
2							
3							
4							
5							
Type	Name of Complainant		Birthdate	Sex	Race	Phone	
C-1						(H): (W):	
Conf.	Address		Employed At				
<input type="checkbox"/> Yes							
Type of Victim (One Only)	I = Individual B = Business	F = Financial G = Government	L = L.E. Officer R = Religious	S = Society O = Other	U = Unknown	Note: If "B" or "L" Requires V.O.R. Entry	
Type	Name of Victim		Birthdate	Sex	Race	Injury Type (5 maximum)	
-1						<input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> U	
Conf.	Address		Phone		Employed At		
<input type="checkbox"/> Yes			(H): (W):				
Type	Name of Victim		Birthdate	Sex	Race	Injury Type (5 maximum)	
-2						<input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> U	
Conf.	Address		Phone		Employed At		
<input type="checkbox"/> Yes			(H): (W):				
Type	Name of Suspect		Birthdate	Sex	Race	Ethnicity	V.O.R.
S-1	KELLEY, DANNY LEE			M	W	O	Y# S# R#
Type	Name of Suspect		Birthdate	Sex	Race	Ethnicity	
S-2							
Type	Name of Suspect		Birthdate	Sex	Race	Ethnicity	
S-3							
Narrative Summary of Crime/Incident:							M.O. Codes
ON 6-3-95, SEARCH AND RESCUE MEMBERS SEARCHED THE AREA OF WHERE MR. KELLEY WAS LAST SEEN.							Burglaries & Thefts
							<input type="checkbox"/> 201 (No Force) <input type="checkbox"/> 202 (Force)
							Rate/Bike Code
							See Legend
							<input type="checkbox"/> No Bias <input type="checkbox"/> Unk. Bias
							Other Entry
							<input type="checkbox"/> APB <input type="checkbox"/> LIDS/ NCIC
Deputy Name and Number							BY: Date:
L.E. MYERS 211							6-4-95
S-211							6-3-95
6-3-95							6-4-95

MENTIONEDKELLEY, DANNY
FONSECA, LAURINASUSPECT
COMPACTION TAKEN

ON 6-3-95, SEARCH AND RESCUE PERSONNEL SEARCHED THE AREA OF WHERE MR. KELLEY WAS LAST SEEN. THE RIVER BANK WAS SEARCHED AS FAR UP AND DOWN RIVER AS A PERSON COULD GO WITH OUT GOING INTO THE WATER. NO SIGN OF THE SUSPECT WAS FOUND.

I CONTACTED DEPUTY RON JACHS AND HE SAID HE WOULD ARRANGE TO HAVE THE RIVER CHECKED FROM VALLEY OF THE ROGUE PARK UP RIVER TO ROCK POINT BRIDGE ON MONDAY 6-5-95.

IT IS VERY POSSIBLE THAT MR. KELLEY WENT INTO THE RIVER AND MAY HAVE DROWNED.

STATEMENTS

MRS. FONSECA SAID THAT HER SON WAS VERY ILL WHEN SHE LAST SAW HIM. HIS SKIN WAS YELLOW, HIS EYES WERE YELLOW AND THEY HAD LARGE RED SPOTS IN THE WHITES OF HIS EYES. SHE SAID HE WAS SWEATING VERY HEAVILY AND HIS PULSE WAS VERY RAPID.

MRS. FONSECA WAS TOLD THAT NO FURTHER GROUND SEARCHES WOULD BE MADE UNLESS NEW INFORMATION WAS DEVELOPED. SHE WAS TOLD THAT THE RIVER WOULD BE CHECKED ON 6-5-95.

LEA MARR

JACKSON COUNTY SEARCH AND RESCUE MISSION DATA SHEET

County Case#: 95-6855

State (OEM) Case#: 95-1080

Federal Case#: _____

Date: 6-3-95

Time: 1815

Location: Gold Hill

Search Manager: Vander Star

SAR Deputy: Nynes

Missing Person: Kelly, Danny Lee

Date of Birth: _____

Female/Male: Male

Number in Party: 1

Description of Incident: Missing Person

Extra Resources: _____

Medical: _____

Status: _____

1. Case Number 95-6855		Jackson County Sheriff's Dept. INITIAL CRIME/INCIDENT REPORT Form No. 01, Eff. 7-1-90		2. Page _____ of _____	
3. Associated Case Numbers		4. Case Status (one) <input type="checkbox"/> Open <input type="checkbox"/> Arrest <input type="checkbox"/> Unfound <input type="checkbox"/> Closed <input type="checkbox"/> Except. <input type="checkbox"/> Inactv.		5. Copies by: <input checked="" type="checkbox"/> Stats <input type="checkbox"/> Deputy <input type="checkbox"/> JACNET <input type="checkbox"/> Detectives <input type="checkbox"/> Dist. Court <input type="checkbox"/> D. A. Office <input type="checkbox"/> Victim/Wit. <input type="checkbox"/> Mental Dept. <input type="checkbox"/> Med. Examr. <input type="checkbox"/> JDH <input type="checkbox"/> CSD &	
6. Primary & Secondary Crime/Incident Types		OUCR Codes			
7. Reported Date/Time 6-3-95 18:00		8. Occurred Date/Time(s) 5-31-95 20:00			
9. Location of Occurrence 185 N. RIVER Rd Gold Hill					
10. TYPE: C-Complainant, S-Suspect, V-Victim, W-Witness & I-Information. SEX: B-Business, M-Male, F-Female, U-Unk. RACE: A-Asian/Pac. Is., C-Chinese, H-Hispanic, I-Indian, J-Japanese, N-Negro/Black, W-White or U-Unk. <input type="checkbox"/> Form 03.					
Type-# Name - MISSING PERSON		Birthdate 36?		Sex Race M	
Conf.? Address(es) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Res. Phone		Bus. Phone		Employed at	
Type-# Name -		Birthdate		Sex Race	
Conf.? Address(es) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Res. Phone		Bus. Phone		Employed at	
Type-# Name -		Birthdate		Sex Race	
Conf.? Address(es) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Res. Phone		Bus. Phone		Employed at	
Type-# Name -		Birthdate		Sex Race	
Conf.? Address(es) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Res. Phone		Bus. Phone		Employed at	
12. Other Entry <input type="checkbox"/> APB <input type="checkbox"/> LEDS/NCIC: <input type="checkbox"/> Person(s) <input type="checkbox"/> Suspect(s) <input type="checkbox"/> Vehicle(s) <input type="checkbox"/> Temp. Felony <input type="checkbox"/> Want (ET-F) <input type="checkbox"/> with Caution					
by: _____ date: _____					
13. Narrative Summary of Crime/Incident Called C.B. Not Home NO ANSWER on CELL # Called J. Whitney NOT HOME OUT OF AREA on CELL # Called VERN CARDEN To call MICK NEELY MEET ME @ Rock Pt. Called Phylliss KASSER To pick up Kim PALMER MEET @ Rock Point PALMER NOT HOME					
14. Deputy Name & No.		Shift/Beat		Date Written Apprvd. Date/By:	

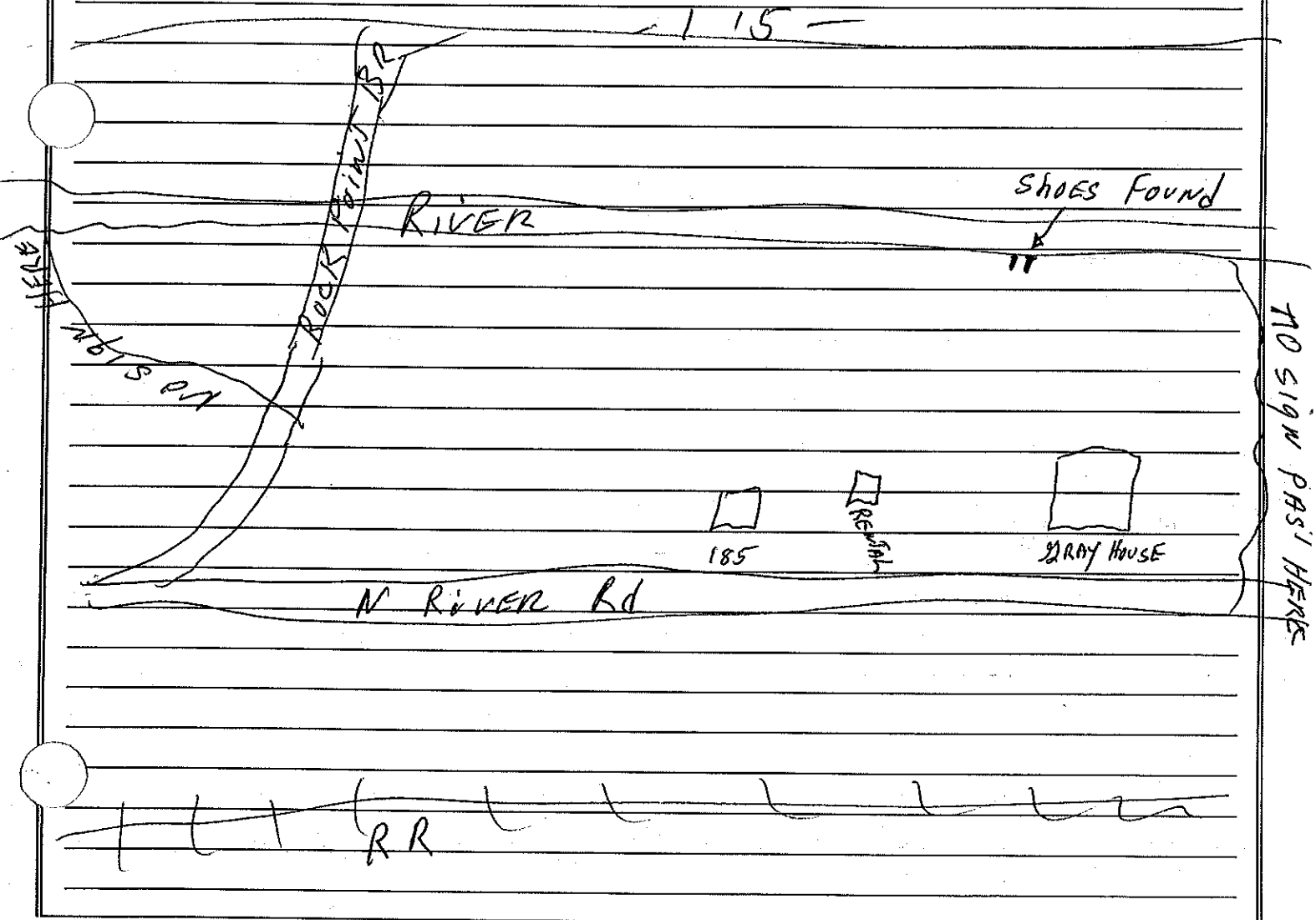
5-P.V.VE

7 PEOPLE

HASTY TEAM

1. Case Number		Jackson County Sheriff's Dept. INITIAL CRIME/INCIDENT, CONT. Form No. 01P2, Eff. 7-1-90		2. Page of	
Type-#	Name	Birthdate		Sex	Race
-					
Conf.?	Address(es)				
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Res. Phone	Bus. Phone	Employed at			
Type-#	Name	Birthdate		Sex	Race
-	Meeting with Ken Myers & SAR PEOPLE @ 185 N RIVER Rd TIME 19:20				
Conf.?	Address(es)				
<input type="checkbox"/> Yes <input type="checkbox"/> No	CK ON RR. TRACKS LOOK FOR SOMEONE going TO HILLS CK RIVER BANK FOR going INTO RIVER				
Res. Phone	Bus. Phone	Employed at			

REBOCK SHOES size 10 1/2 MOTHER SAYS HE WEARS size 8 1/2
 CALLED OFF SEARCH FOR LACK OF CLUES NEED TO CK WITH WIFE ON
 SIZE OF SHOES





JACKSON COUNTY SEARCH AND RESCUE DIVISION
EMERGENCY SERVICE PROGRAM



SAR NOTIFICATION & DOCUMENTATION

DATE: 060855 STATE OEM #: 95-1080 COUNTY CASE #: 956855
SEARCH LOCATION: 185 / Lewis Rd
BASE CAMP LOCATION: N/A

NOTIFICATION

		TIME NOTIFIED	TIME CANCELLED
Shift Commander:	<u>Allen initiated</u>	<u>1815</u>	
JSCO/SAR Deputy:	<u>Myles</u>	<u>1820</u>	
SAR Duty Officer/ Search Manager:	<u>Under star</u>	<u>1830</u>	
SAR Coordinator:	<u>[REDACTED]</u>	<u>[REDACTED]</u>	
Other SAR Group/ Member:	<u>Ecker</u>	<u>(184)</u>	
Other SAR Group/ Member:			
Other Groups/ Association:			
Other Groups/ Association:			

Miscellaneous Information/Comments:

Kelley, Danny Lee 060559 600/160 Brn, Can
Miss, since 053195 Delivered

Bank Search

VICTIM LOCATION INFORMATION

Date and time located: _____
Located by: _____
Location Found: _____

Case No.

95-6855

JACKSON COUNTY SHERIFF'S DEPARTMENT

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Assoc. Case Nos.		Case Status: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Unfounded <input type="checkbox"/> Inactive <input type="checkbox"/> Arrest <input type="checkbox"/> Closed		Cleared Exceptionally: A <input type="checkbox"/> Death of Offender B <input type="checkbox"/> Prosecution Declined C <input type="checkbox"/> Extradition Denied		D <input type="checkbox"/> Victim Refused to Cooperate E <input type="checkbox"/> Juvenile/No Custody		<input checked="" type="checkbox"/> Stats <input type="checkbox"/> Deputy <input type="checkbox"/> JACNET <input type="checkbox"/> Detectives <input type="checkbox"/> District Court <input type="checkbox"/> Circuit Court <input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Victim/Witness <input type="checkbox"/> Mental Health <input type="checkbox"/> Med. Examiner <input type="checkbox"/> JDH <input type="checkbox"/> CSD	
Location of Occurrence		Reported Date/Time		Occurred Date/Time					
Primary and Secondary Crimes				A/C		Activity		Weapon	
1 MISSING PERSON									
2									
3									
4									
5									
Type	Name of Complainant			Birthdate	Sex	Race	Phone		
C-1							(H):		
Conf.	Address			Employed At:			(W):		
<input type="checkbox"/> Yes									
Type of Victim (One Only)	I = Individual F = Financial L = LE Officer S = Society U = Unknown B = Business G = Government R = Religious O = Other			Note: If "U" Requires VOR Entry					
Type	Name of Victim			Birthdate	Sex	Race	Injury Type (5 maximum)		
-1							<input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> U		
Conf.	Address			Phone			Employed At:		
<input type="checkbox"/> Yes									
Type	Name of Victim			Birthdate	Sex	Race	Injury Type (5 maximum)		
-2							<input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> U		
Conf.	Address			Phone			Employed At:		
<input type="checkbox"/> Yes									
Type	Name of Suspect			Birthdate	Sex	Race	Ethnicity	VOR	
S-1	KELLY, DANNY LEE				M	W	O	VI	SI
Type	Name of Suspect			Birthdate	Sex	Race	Ethnicity	VOR	
S-2									
Type	Name of Suspect			Birthdate	Sex	Race	Ethnicity	VOR	
S-3									
Narrative Summary of Criminal Incident									
FOLLOW-UP OF MISSING PERSON INVESTIGATION.									
M.O. Codes									
Burglaries & Thefts									
<input type="checkbox"/> 201 (No Force) <input type="checkbox"/> 202 (Force)									
Race/Bias Code									
See Legend									
<input type="checkbox"/> No Bias <input type="checkbox"/> Unk. Bias									
Other Entry									
<input type="checkbox"/> APB <input type="checkbox"/> LEO/NCIC BY: Date:									
Deputy Name and Number: T. LARSON JR. #395 C-8 Date Written: 6-7-95 Approved/Date By: 6-9-95 TLP									

MENTIONED:

DANNY KELLY
JANET DIRKSSUSPECT
WITNESS

ACTION TAKEN:

ON 6-7-95 AT APP. 1515 HRS. I CONTACTED MRS. DIRKS BY PHONE REGARDING THE MISSING PERSON DANNY KELLY. MRS. DIRKS WHO WORKS AS A CLERK AT THE MARKET BASKET IN ROBUE RIVER REPORTED THAT ON 6-5-95 BETWEEN 12:00 HRS. AND 1400 HRS. SHE BELIEVES SHE SAW MR. KELLY AT THE MARKET.

MRS. DIRKS EXPLAINED THAT A WMA ENTERED THE STORE AND PURCHASED SOME CIGARETTES AND A CAN OF BEER. MRS. DIRKS SAID THE MAN LOOKED EXACTLY LIKE THE PICTURE OF MR. KELLY THAT WAS ON A PAMPHLET IN THE STORE.

MRS. DIRKS SAID THE MAN WAS VERY DIRTY, A TRANSIENT TYPE PERSON WHO APPEARED TO BE "SPACED OUT". MRS. DIRKS WAS ABLE TO GIVE A ROUGH PHYSICAL DESCRIPTION OF THE PERSON WHICH CLOSELY MATCHES THAT OF MR. KELLY. ALTHOUGH MRS. DIRKS COULDN'T GIVE A CLOTHING DESCRIPTION OF THE PERSON SHE SAID SHE IS 95% SURE IT WAS MR. KELLY.

MRS. DIRKS SAID SHE WILL CALL 911 IF SHE SEES THE PERSON AGAIN.

ACTION RECOMMENDATIONS:

REFER TO DEA WALLCH.

Case No.

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JACKSON COUNTY SHERIFF'S DEPARTMENT

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☐ INITIAL ☒ SUPPLEMENTAL

Assoc. Case Nos.		Case Status		Cleared/Exceptionally		State	
		<input checked="" type="checkbox"/> Open	<input type="checkbox"/> Unfounded	<input type="checkbox"/> A	<input type="checkbox"/> Death of Offender	<input type="checkbox"/> D	<input type="checkbox"/> Victim Refused to Cooperate
		<input type="checkbox"/> Inactive	<input type="checkbox"/> Arrest	<input type="checkbox"/> B	<input type="checkbox"/> Prosecution Declined	<input type="checkbox"/> E	<input type="checkbox"/> Juvenile/No Custody
		<input type="checkbox"/> Closed		<input type="checkbox"/> C	<input type="checkbox"/> Extradition Denied		
Location of Occurrence		Reported Date/Time		Occurred Date/Time		<input checked="" type="checkbox"/> State <input type="checkbox"/> Deputy <input type="checkbox"/> JACNET <input type="checkbox"/> Detectives <input type="checkbox"/> District Court <input type="checkbox"/> Circuit Court <input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Victim/Witness <input type="checkbox"/> Mental Health <input type="checkbox"/> Med. Examiner <input type="checkbox"/> JDH <input type="checkbox"/> CSD	
Primary and Secondary Crimes		A/C		Activity		Weapon	
1 Missing Person							
2							
3							
4							
5							
Type	Name of Complainant	Birthdate	Sex	Race	Phone	Scene:	
C-1					(H):	Domestic Violence: <input type="checkbox"/> Yes <input type="checkbox"/> No	
					(W):	Gang Involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Conf.	Address	Employed At:		Suspected of Using:			
<input type="checkbox"/> Yes				<input type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/> Drugs <input type="checkbox"/> N/A			
Type of Victim (One Only)	I = Individual F = Financial L = LE Officer S = Society U = Unknown B = Business G = Government R = Religious O = Other		Note: If "or" Requires VOR Entry				
Type	Name of Victim	Birthdate	Sex	Race	Injury Type (5 maximum)		
V-1	KELLEY, DANNY LEE		M	W	<input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> U		
Conf.	Address	Phone		Employed At:			
<input type="checkbox"/> Yes							
		(H):					
		(W):					
Type	Name of Victim	Birthdate	Sex	Race	Injury Type (5 maximum)		
-2					<input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> U		
Conf.	Address	Phone		Employed At:			
<input type="checkbox"/> Yes							
		(H):					
		(W):					
Type	Name of Suspect	Birthdate	Sex	Race	Ethnicity	V.O.R.	
S-1						<input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> R	
Type	Name of Suspect	Birthdate	Sex	Race	Ethnicity		
S-2							
Type	Name of Suspect	Birthdate	Sex	Race	Ethnicity		
S-3							
Narrative Summary of Crime/Incident						M.O. Codes	
THIS REPORT DETAILS ADDITIONAL SEARCH EFFORTS IN THIS CASE.						Burglaries & Thefts	
						<input type="checkbox"/> 201 (No Force) <input type="checkbox"/> 202 (Force)	
						Hate/Bias Code	
						See Legend	
						<input type="checkbox"/> No Bias <input type="checkbox"/> Unk. Bias	
						Other Entry	
Deputy Name and Number		Shift/Beat	Date Written	Approved Date/By		<input type="checkbox"/> APB <input type="checkbox"/> LEDS/ NCIC BY: _____ Date: _____	
R. Walch 112		Dy 6	6-8-95	6-9-95 TEP			

95 6855

Action taken: ON 6-5-95, Two Separate Search Efforts were conducted by this Agency.

THE FIRST, IN THE MORNING, WAS WATER/BANK SEARCH OF 2 HRS DURATION, CONDUCTED BY MARINE DEP R. OACHES. THE AREA OF THE SEARCH WAS FROM ROCK POINT TO VALLEY OF THE ROGUE PARK.

IN THE AFTERNOON, 4 SAR MEMBERS ALONG WITH A CANINE, SEARCH THE RIVER BANK & ADJACENT AREAS NEAR THE VICTIMS POINT OF DISAPPEARANCE.

NEITHER SEARCH FOUND ANY EVIDENCE AS TO THE DISAPPEARANCE OF KELLEY.

112

Case No.

956855

JACKSON COUNTY SHERIFF'S DEPARTMENT

INCIDENT REPORT

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☐ INITIAL ☒ SUPPLEMENTAL

Assoc. Case Nos.		Case Status:		Cleared/Exceptionally		By:	
<input type="checkbox"/> Open <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed		<input type="checkbox"/> Unfounded <input type="checkbox"/> Arrest		<input type="checkbox"/> A <input type="checkbox"/> Death of Offender <input type="checkbox"/> B <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> C <input type="checkbox"/> Extradition Denied		<input type="checkbox"/> D <input type="checkbox"/> Victim Refused to Cooperate <input type="checkbox"/> E <input type="checkbox"/> Juvenile/No Custody	
Location of Occurrence:		Reported Date/Time:		Occurred Date/Time:		<input checked="" type="checkbox"/> Stats <input type="checkbox"/> Deputy <input type="checkbox"/> JACNET <input type="checkbox"/> Detectives <input type="checkbox"/> District Court <input type="checkbox"/> Circuit Court <input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Victim/Witness <input type="checkbox"/> Mental Health <input type="checkbox"/> Med. Examiner <input type="checkbox"/> JDH <input type="checkbox"/> CSD	
185 N. RIVER RD. G. Hill		6-2-95 / 1000		5-31-95 / 2000			
Primary and Secondary Crimes		Activity		Weapon			
1 Missing Person							
2							
3							
4							
5							
Type	Name of Complainant		Birthdate	Sex	Race	Phone	
C-1	FONSECA, LAVINA RAE			F	W	(H): 596-2213	
Conf:	Address		Employed At:		Scene: Domestic Violence: <input type="checkbox"/> Yes <input type="checkbox"/> No Gang Involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No Suspected of Using: <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/> Drugs <input type="checkbox"/> N/A		
<input type="checkbox"/> Yes	351 BROWN RD. O'BRIEN OK						
Type of Victim (One Only)	Name of Victim		Birthdate	Sex	Race	Injury Type (5 maximum)	
I = Individual B = Business F = Financial G = Government L = LE Officer R = Religious S = Society U = Unknown O = Other						<input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> U	
-1							
Conf:	Address		Phone		Employed At:		
<input type="checkbox"/> Yes							
(H):							
(W):							
Type	Name of Victim		Birthdate	Sex	Race	Injury Type (5 maximum)	
-2						<input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> U	
Conf:	Address		Phone		Employed At:		
<input type="checkbox"/> Yes							
(H):							
(W):							
Type	Name of Suspect		Birthdate	Sex	Race	Ethnicity	
S-1	KELLEY, DANNY LEE			M	W	O	
Type	Name of Suspect		Birthdate	Sex	Race	Ethnicity	
S-2							
Type	Name of Suspect		Birthdate	Sex	Race	Ethnicity	
S-3							
Narrative Summary of Crime/Incident:							
ON 9-1-95 I CONTACTED FONSECA BY PHONE. SHE SAID NEITHER SHE NOR HER FAMILY HAVE HEARD ANYTHING FROM HER SON. HE IS STILL MISSING.							
THIS CASE WILL BE CLOSED PENDING ADDITIONAL DEVELOPMENTS.							
Deputy Name and Number		Shift/Beat	Date Written	Approved Date/By:			
R. WALCH 112		Day 6	9-1-95	9-2-95			
M.O. Codes		<input type="checkbox"/> 201 (No Force) <input type="checkbox"/> 202 (Force)					
Bias/Dis Code		<input type="checkbox"/> No Bias <input type="checkbox"/> Unk. Bias					
Other Entry		<input type="checkbox"/> APB <input type="checkbox"/> Leds/NCIC BY: Date:					

Case No.

95-06855

JACKSON COUNTY SHERIFF'S DEPARTMENT
INCIDENT REPORT☐ INITIAL☐ SUPPLEMENTAL

Page 1 of 1

Associated Case Numbers				Case Status: <input type="checkbox"/> Open <input type="checkbox"/> Inactive <input type="checkbox"/> Closed <input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded			
Cleared Exceptionally: <input type="checkbox"/> Not Applicable <input type="checkbox"/> A = Death of Offender <input type="checkbox"/> B = Prosecution Declined <input type="checkbox"/> C = Extradition Denied <input type="checkbox"/> D = Victim Refused to Cooperate <input type="checkbox"/> E = Juvenile/No Custody							
Location of Occurrence				Reported Date/Time		Occurred Date/Time	
Rock Point, Goud Hill OR							
Primary and Secondary Crimes				A/C	Activity	Weapon	Copies To: By:
Missing Person							<input checked="" type="checkbox"/> Stats <input type="checkbox"/> Deputy <input type="checkbox"/> JACNET <input checked="" type="checkbox"/> Detectives <input type="checkbox"/> District Court <input type="checkbox"/> Circuit Court <input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Victim/Witness <input type="checkbox"/> Mental Health <input type="checkbox"/> Medical Examiner <input type="checkbox"/> JDH <input type="checkbox"/> CSD
Type	Name of Complainant	Birthdate	Sex	Race	Phone - (H)	Phone - (W)	
C -1	FONSECA, LAVINA RAE	9-2-37	F	W	541-592-2787		
Conf.	Address		Employed At				
<input type="checkbox"/> Y <input type="checkbox"/> N	222 OLLIE RD # 8A Cave Junction, OR						
Type of Victim: I = Individual F = Financial L = L.E. Officer S = Society B = Business G = Government R = Religious O = Other U = Unknown							
Type	Name of Victim	Birthdate	Sex	Race	Phone - (H)	Phone - (W)	
I -1	KELLEY, DANNY LEE						
Conf.	Address		Employed At				
<input type="checkbox"/> Y <input type="checkbox"/> N							
Note: Type "I" or "L" Requires Victim/Offender Relationship Entry Injury Type (5 maximum) <input type="checkbox"/> N <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> T <input type="checkbox"/> U							
Type	Name of Victim	Birthdate	Sex	Race	Phone - (H)	Phone - (W)	
-2							
Conf.	Address		Employed At				
<input type="checkbox"/> Y <input type="checkbox"/> N							
Note: Type "I" or "L" Requires Victim/Offender Relationship Entry Injury Type (5 maximum) <input type="checkbox"/> N <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> T <input type="checkbox"/> U							
Type	Name of Suspect	Birthdate	Sex	Race	Ethnicity	V.O.R.	
S -1							
Type	Name of Suspect	Birthdate	Sex	Race	Ethnicity		
S -2							
Type	Name of Suspect	Birthdate	Sex	Race	Ethnicity		
S -3							
Narrative Summary of Crime/Incident:						Case Coding	
ON 3-21-01, KELLEY's Mother, LAVINA Contacted ME TO ADVISE ME OF HER NEW ADDRESS & Phone NUMBER which is listed ABOVE. SHE HAD NO New Information Concerning Her Son, AND HAS NOT HEARD FROM Him Since His Disappearance.						Scene	
						Domestic Violence:	
						Gang Involvement:	
						Suspected Using	
						Hate/Bias Code	
						<input type="checkbox"/> No Bias <input type="checkbox"/> Unk Bias	
						See Legend	
						M.O. Codes	
Deputy Name & Number						Burglar/Thfts	
						201 (No Force) 202 (Force)	
						Add'l M.O. Codes	
						By/Date:	
Shift/Beat						Approved By/Date:	
Date Written							
R. Watch 112 Det 321-01						2400 3/22/01	

592-3841 / 212N. Redwood Ave. Case Junction/HOUSE L P999

Case No.
95-06855



JACKSON COUNTY SHERIFF'S DEPARTMENT
INCIDENT REPORT
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Associated Case Numbers		Case Status		<input checked="" type="radio"/> Open		<input type="radio"/> Inactive		<input type="radio"/> Closed		<input type="radio"/> Arrest		<input type="radio"/> Unfounded			
Cleared Exceptionally		<input checked="" type="radio"/> Not Applicable		<input type="radio"/> A = Death of Offender		<input type="radio"/> B = Prosecution Declined		<input type="radio"/> C = Extradition Denied		<input type="radio"/> D = Victim Refused to Cooperate		<input type="radio"/> E = Juvenile/ No Custody			
Location of Occurrence				Reported Date/Time				Occurred Date/Time							
Primary and Secondary Crimes				A/C		Activity		Weapon		Copies To:		By:			
MISSING PERSON										<input checked="" type="checkbox"/> Stats					
										<input type="checkbox"/> Deputy					
										<input type="checkbox"/> JACNET					
										<input checked="" type="checkbox"/> Detectives					
										<input type="checkbox"/> Community Justice					
										<input type="checkbox"/> Circuit Court					
										<input type="checkbox"/> D.A.'s Office					
										<input type="checkbox"/> Victim/Witness					
										<input type="checkbox"/> Mental Health					
										<input type="checkbox"/> Medical Examiner					
										<input type="checkbox"/> JDH					
										<input type="checkbox"/> SCF					
Longitude:				Latitude:											
Type		Name of Complainant		Birthdate		Sex		Race		Phone - (H)		Phone - (W)			
C -1		FONSECA, LAVINIA RAE				F		W		541-592-2757					
Conf.		Address		Employed At											
<input checked="" type="radio"/> Y <input type="radio"/> N		113 BARLOW STREET CAVE JUNCTION													
Type of Victim				I = Individual F = Financial L = L.E. Officer S = Society B = Business G = Government											
				R = Religious O = Other U = Unknown											
Type		Name of Victim		Birthdate		Sex		Race		Phone - (H)		Phone - (W)			
V -1															
Conf.		Address		Employed At											
<input checked="" type="radio"/> Y <input type="radio"/> N															
Note: Type "I" or "L" Requires Victim/Offender Relationship Entry				Injury Type (5 maximum)		<input type="checkbox"/> N <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> T <input type="checkbox"/> U									
Type		Name of Victim		Birthdate		Sex		Race		Phone - (H)		Phone - (W)			
I -2															
Conf.		Address		Employed At											
<input checked="" type="radio"/> Y <input type="radio"/> N															
Note: Type "I" or "L" Requires Victim/Offender Relationship Entry				Injury Type (5 maximum)		<input type="checkbox"/> N <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> T <input type="checkbox"/> U									
Type		Name of Suspect		Birthdate		Sex		Race		Ethnicity		V.O.R.			
S -1		KELLEY, DANNY LEE				M		W		O					
Type		Name of Suspect		Birthdate		Sex		Race		Ethnicity					
S -2															
Type		Name of Suspect		Birthdate		Sex		Race		Ethnicity					
S -3															
Narrative Summary of Crime/Incident										Case Coding					
ON 06-06-2008, AT 1445 HOURS, I SPOKE WITH MRS. LAVINIA RAE FONSECA, MOTHER OF MISSING PERSON DANNY LEE KELLEY, BY TELEPHONE. I ASKED HER IF SHE WOULD SUPPLY HER DNA FOR THE NATIONAL MISSING PERSONS PROGRAM. SHE STATED SHE WOULD MOST DEFINATELY AND SO WOULD HER DAUGHTER CARA KELLEY DOB 05-17-1963. CARA LIVES WITH HER MOTHER BUT WAS NOT PRESENT AT THIS TIME. MRS FONSECA WENT ON TO SAY THAT SHE WAS HOPING FOR A TELEPHONE CALL FROM JCSO AS YESTERDAY WAS HER SON'S BIRTHDAY. SHE FURTHER STATED THAT ON 05/30/2008 HER DAUGHTER, CARA, WAS AT JUNCTION INN IN CAVE JUNCTION, WHEN A WOMAN APPROACHED HER WITH A NOTE AND SAID "I THINK THIS IS FOR YOU". THE NOTE STATED THAT THE WOMAN HAD SEEN DANNY. ALLEGEDLY, THE WOMAN WHO WAS UNKNOWN TO CARA, HAD BEEN STAYING ONE NIGHT AT THE INN ON HER WAY HOME TO SISTERS, OR., HAD A DREAM ABOUT HER BROTHER AND WHEN SHE SAW CARA, BELIEVED THAT THE INFORMATION WAS FOR HER. SHE FURTHER STATED THAT DANNY DID NOT KNOW WHO HE WAS, BUT WAS GOING BY THE NAME OF MICHAEL AND WAS SOMEWHERE IN KLAMATH OR KLAMATH FALLS AND WAS ON A RETIREMENT OR RESERVATION, WORKING THERE. MRS. FONSECA STATED THAT HER DAUGHTER DID										Scene		Hotel/Bias Code			
										Domestic Violence:		<input checked="" type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> No Bias	
										Gang Involvement:		<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Unk Bias	
										Suspected Using				See Legend	
										<input type="checkbox"/> Alcohol				M.O. Codes	
<input type="checkbox"/> Drugs				Burglaries/Thefts											
<input type="checkbox"/> Computer				<input type="checkbox"/> (No Force)											
<input type="checkbox"/> N/A				<input checked="" type="radio"/> (Force)											
Entry				Add'l M.O. Codes											
<input type="checkbox"/> APB															
<input type="checkbox"/> LEDS/NCIC				By/Date:											
Deputy Name & Number		Shift/Beat		Date Written		Approved By/Date:									
TATTERSALL				06-06-2008											

CASE #95-06855 ADDED
TATTERSALL

06/06/2008

NOT OBTAIN THE WOMAN'S NAME AT THE TIME NOR DID SHE CALL HER MOTHER AT THE TIME TO REPORT THE CONTACT. SHE INFORMED HER MOTHER OF THE CONTACT UPON HER RETURN HOME. SHE GAVE THE NOTE TO M.S. FONSECA AND M.S. FONSECA SAID SHE WOULD MAIL IT TO MY ATTENTION. I ADVISED HER TO PLACE IT IN A PLASTIC BAG AND SEAL IT BEFORE DOING SO.

I ASKED M.S. FONSECA TO HAVE HER DAUGHTER WRITE DOWN ON PAPER AS MUCH AS SHE COULD REMEMBER OF THE WOMAN, A DESCRIPTION AND HER WORDS VERBATIM OF HER CONVERSATION AND FORWARD THAT TO ME ALSO.

I THEN INFORMED HER THAT WE WOULD MAKE AN EFFORT TO HAVE JOSEPHINE COUNTY SHERIFF'S OFFICE GET THE DNA SAMPLES FROM HER AND WOULD ADVISE HER WHEN THOSE ARRANGEMENTS WERE MADE.

Case No.
95-06855



JACKSON COUNTY SHERIFF'S DEPARTMENT
INCIDENT REPORT
SUPPLEMENTAL



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Associated Case Numbers		Case Status		<input checked="" type="radio"/> Open		<input type="radio"/> Inactive		<input type="radio"/> Closed		<input type="radio"/> Arrest		<input type="radio"/> Unfounded	
Cleared Exceptionally		<input checked="" type="radio"/> Not Applicable		<input type="radio"/> A = Death of Offender		<input type="radio"/> B = Prosecution Declined		<input type="radio"/> C = Extradition Denied		<input type="radio"/> D = Victim Refused to Cooperate		<input type="radio"/> E = Juvenile/ No Custody	
Location of Occurrence				Reported Date/Time				Occurred Date/Time					
185 N. RIVER RD. GOLD HILL, OR				053195				053195					
Primary and Secondary Crimes				A/C		Activity		Weapon		Copies To:		By: <i>CP 4/23</i>	
MISSING PERSON										<input checked="" type="checkbox"/> Stats			
										<input type="checkbox"/> Deputy			
										<input type="checkbox"/> JACNET			
										<input checked="" type="checkbox"/> Detectives			
										<input type="checkbox"/> Community Justice			
										<input type="checkbox"/> Circuit Court			
										<input type="checkbox"/> D.A.'s Office			
										<input type="checkbox"/> Victim/Witness			
										<input type="checkbox"/> Mental Health			
										<input type="checkbox"/> Medical Examiner			
										<input type="checkbox"/> JDH			
										<input type="checkbox"/> SCF			
Longitude:				Latitude:									
Type		Name of Complainant		Birthdate		Sex		Race		Phone - (H)		Phone - (W)	
C -1		FONSECA, LAVINA		090237		F		W		592-2757			
Conf.		Address		Employed At									
<input checked="" type="radio"/> Y <input type="radio"/> N		113 BARLOW ST. CAVE JUNCTION, OR		RETIRED									
Type of Victim: I = Individual F = Financial L = L.E. Officer S = Society B = Business G = Government R = Religious O = Other U = Unknown													
Type		Name of Victim		Birthdate		Sex		Race		Phone - (H)		Phone - (W)	
V -1													
Conf.		Address		Employed At									
<input type="radio"/> Y <input checked="" type="radio"/> N													
Note: Type "I" or "L" Requires Victim/Offender Relationship Entry Injury Type (5 maximum) <input type="checkbox"/> N <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> T <input type="checkbox"/> U													
Type		Name of Victim		Birthdate		Sex		Race		Phone - (H)		Phone - (W)	
I -2													
Conf.		Address		Employed At									
<input type="radio"/> Y <input checked="" type="radio"/> N													
Note: Type "I" or "L" Requires Victim/Offender Relationship Entry Injury Type (5 maximum) <input type="checkbox"/> N <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> T <input type="checkbox"/> U													
Type		Name of Suspect		Birthdate		Sex		Race		Ethnicity		V.O.R.	
S -1		KELLEY, DANNY LEE				M		W		O			
Type		Name of Suspect		Birthdate		Sex		Race		Ethnicity			
S -2													
Type		Name of Suspect		Birthdate		Sex		Race		Ethnicity			
S -3													
Narrative Summary of Crime/Incident										Case Coding			
DNA SAMPLES WERE TAKEN FROM LAVINA FONSECA(MOTHER) AND CARA KELLEY (SISTER) AND SENT FOR TYPING AND ENTERING INTO CODIS. CARA KELLEY AND DONESE O'DONNELL WERE INTERVIEWED										Scene		Hate/Bias Code	
										Domestic Violence:		<input checked="" type="radio"/> No Bias	
										<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Unk Bias	
										Gang Involvement:		See Legend	
										<input type="radio"/> Yes <input checked="" type="radio"/> No			
Suspected Using										M.O. Codes		Burglaries/Thefts	
<input type="checkbox"/> Alcohol										<input checked="" type="radio"/> (No Force)		<input type="radio"/> (Force)	
<input type="checkbox"/> Drugs													
<input type="checkbox"/> Computer													
<input type="checkbox"/> N/A													
Entry										Add'l M.O. Codes		By/Date:	
<input type="checkbox"/> APB													
<input type="checkbox"/> LEDS/NCIC													
Deputy Name & Number		Shift/Beat		Date Written		Approved By/Date:							
Det. Eric Fox #425				6/20/08		<i>[Signature]</i> 06-23-08							



JACKSON COUNTY SHERIFF'S OFFICE
CRIMINAL INVESTIGATIONS DIVISION



CASE NUMBER: 95-6855

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MENTIONED:

Kelley, Danny 060559
Last saw running
Towards bushes
At 215 N. River Rd.

Missing Person

Beaver, Troy 060239
185 N. River Rd.
Gold Hill, OR

Witness – Deceased

Odonnel, Donese Marie 100755
215 N. River Rd.
Gold Hill, OR
Phone: 541-821-7242, unemployed

Witness, former girl friend of Troy Beaver

Kelley, Cara Kay 051763
113 Barlow St. Cave Junction, OR
Phone: 541-592-2757

Witness, sister of missing person

Debo, Timothy Lee, 061956
Believed to live in Applegate, OR

Witness, ex-boyfriend of Cara Kelly

Fonseca, Lavina Rae, 090237
113 Barlow St.
Cave Junction, OR
Phone: 541-592-2757
Cell: 541-287-0801

Witness, mother of missing person

ASSIGNMENT OF CASE:

In June of 2008, I was requested to review this missing person's case and evaluate it to determine further investigative leads and to attempt to obtain DNA samples from relatives of Danny Kelley to be typed and entered in the CODIS. I learned Sheriff's Office volunteer, Special investigator, Jim Tattersall, had also reviewed this case and had recently spoke to Ms. Lavina Fonseca, mother of Danny Kelley. Tattersall learned additional information regarding Ms. Fonseca's daughter, Cara Kelley recently receiving a mysterious note from an unidentified female regarding Danny Kelley. *Refer report by Tattersall 060608.* Ms. Fonseca told Tattersall she would be willing to give a DNA sample.



JACKSON COUNTY SHERIFF'S OFFICE
CRIMINAL INVESTIGATIONS DIVISION



CASE NUMBER: 95-6855

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PHONE CONVERSATION WITH CARA KELLY:

On 061208, I called Ms. Fonseca's above listed phone number in an effort to set up an appointment with her to obtain DNA samples. Cara Kelley, daughter, answered the phone and advised Ms. Fonseca was not home. I spoke briefly with Cara Kelly about her missing brother. She told me she was with her mother, step father, and then boyfriend Timothy Debo. All had went to the residence of 205 N. River Road in an attempt to pick up Danny Kelely. They had received a phone call from Troy Beaver stating Danny was acting crazy. Cara Kelly told me Danny was acting crazy. She gave him a hug and noticed he had blood dripping from his scalp and had scratches on his arms as if he had been running through the blackberry bushes.

Cara Kelly told me Danny had been staying at 185 N. River Rd. with Troy Beaver, and Donese O'Donnell. From talking with Cara Kelley briefly, it appeared she had more information than had previously been documented in this case. Cara Kelley agreed to set up a time in the near future for a recorded interview and to obtain DNA samples from her.

REVISIT OF SCENE AND INTERVIEW WITH DONESE O'DONNELL:

On 061308 at 9:28am, I met with Donese O'Donnell at her residence of 215 N. River Rd. The residence is a small white house with mounds of tools car parts/boat parts and other miscellaneous property heaped in piles around the property covered with plastic tarps. Ms. O'Donnell told me her 86 year old father had moved to the residence approximately ten years ago and brought all his property with him. She said the residence at the time Danny Kelly went missing was vacant and there were no piles of property piled around it.

Ms. O'Donnell advised that in 1995 when Danny Kelly went missing, she lived in the main home at 185 N. River road with now deceased Troy Beaver. The residence at 215 N. River Road was vacant, but owned by Troy and her. The driveway of 215 N. River Rd., she claims, is where Danny Kelley got into the verbal argument with his family and then ran towards the bushes. Ms. O'Donnell told me she was inside the main home when the verbal altercation occurred between Danny and his family, so she never saw what really happened. She was told by Troy that Danny had ran towards the bushes near the river and was chased after by Cara Kelley's boyfriend, Timothy Debo. Timothy Debo came back stating he could not find Danny. Ms. O'Donnell is uncertain of how long Debo searched before he returned.

Ms. O'Donell told me Danny Kelley had lived with her and Troy for a short time and then had went to Washington for several months to live with a girlfriend. Danny returned after breaking up with the girlfriend and was, in Ms. O'Donnell's opinion, a completely different person. She noticed that his skin was a yellowish color. His personality had changed. He was paranoid. Ms. O'Donnell was fearful of the way Danny was acting. The evening before Danny went missing, he was running around the house and property in a crazed manor, certain Troy Beaver had a gun and wanted to kill him.



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The next day, Danny's crazed behavior was too much to take, so Troy Beaver called Danny's mother requesting she come pick him up and take him to a hospital. Danny began taking all his clothing and jackets and took them from the main house and brought them to his car which was parked in the driveway at 215 N. River Rd. (O'Donnell does not recall a description of the car, but believes it had belonged to Danny's girlfriend in Washington)

I studied the area where Danny Kelly was believed to have disappeared to decide if it would be reasonable to attempt a further search of the area for remains. I saw evidence the flood waters New Years Day 1997, had more than likely washed down river any evidence of human remains had they been near the area where he disappeared.

DNA SAMPLES OBTAINED FROM MOTHER(LAVINA) AND SISTER (CARA)

On 061908 at approximately 11:30am, I met with Lavina Fonseca and Cara Kelley at their mutual residence of 113 Barlow St. Cave Junction, OR. I obtained DNA samples from each using the Presidents DNA initiative kit. I followed the attached instructions. The DNA kits were mailed to University of North Texas the same day at 4:30PM.

INTERVIEW WITH CARA KELLEY(SISTER)

I was unable to locate within the original reports mention of Cara Kelley being interviewed regarding the disappearance of her brother. I interviewed Cara Kelley on the back patio of the residence. The interview was recording on digital media. I have since transferred the recording to compact disc. The disc has been placed into evidence.

Cara told me Danny had been living in Washington with his girlfriend, Mary. It was Cara's understanding Danny was coming to the area just for a visit, no more than a week and was to return to continue living in Washington. Danny had driven Mary's car and had the car full of clothes which seemed strange to Cara due to his proposed short stay. He arrived to the area sometime after May 17th (Cara's birthday)

Cara told me she noticed significant changes in Danny's physical appearance and personality. He seemed bloated to her and his skin had a yellowish tint. Danny seemed more secretive and acted if he constantly had something on his mind bothering him. Cara also noticed Danny no longer had a desire to smoke marijuana as he had in the past. He drank beer, but seemed to have a low tolerance to it. He seemed intoxicated after only having a few, when previously he was a minimum of a 1/2 case a day drinker.

Cara and her then boyfriend of two months, Timothy Debo were with Danny during the day prior to his disappearance. All three were at the Pioneer Club in Central point and met up with Troy Beaver and Donese O'Donnell. Danny left the club with Troy and Donese because they needed Danny to get a Harley motorcycle out of the pawn shop. Danny had pawned it for Troy because neither Troy or Donese had licenses as required. The next day, Troy and Donese called asking for someone to come and get Danny because he was "freaking" out.



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Timothy Debo, Cara, her mother Lavina Fonseca and step-father, Ron Fonseca, went to the residence in an attempt to get Danny. When they got there Danny was talking to birds and people who were not there. He was cut all over as if he had been in the blackberry bushes. Cara notice he had blood coming from his head and also had mud all over him. Cara told me he wasn't wearing any shoes, just an unbuttoned Hawaiian shirt and a pair of tan Kaki shorts. Cara believes it was about an hour they were there trying to convince Danny to get in the car with them. According to Cara, Timothy decided to take a more direct approach and yelled at Danny to "just get the fuck in the car" Danny then threw up his hands and yelled he was sick of everyone trying to tell him what to do. He took off into the thicket of bushes and bamboo behind the house.

Cara told me she and Timothy went into the bushes after him and neither heard or saw anything. They looked around and yelled for him without a response. Both she and Timothy worked their way out of the bushes and were walking back to the house and heard a loud sound like something heavy hitting the water or possible even a gunshot. They went back towards the water and thought they saw some remains of ripples in the water. They never saw Danny again.

Cara recalled that someone during the searches that occurred later found a bedroll and a bacon and avocado sandwich near the Rock Point Bridge. Cara told me it was most likely Danny's because it was his favorite kind of sandwich.

RECOMMENDATIONS / DISPOSITION:

Case remains open
Locate Timothy Debo for statement.

Case No. 95-06855



JACKSON COUNTY SHERIFF'S DEPARTMENT
INCIDENT REPORT
SUPPLEMENTAL



Page 1 of 1

Associated Case Numbers		Case Status		<input checked="" type="radio"/> Open		<input type="radio"/> Inactive		<input type="radio"/> Closed		<input type="radio"/> Arrest		<input type="radio"/> Unfounded			
Cleared Exceptionally		<input checked="" type="radio"/> Not Applicable		<input type="radio"/> A = Death of Offender		<input type="radio"/> B = Prosecution Declined		<input type="radio"/> C = Extradition Denied		<input type="radio"/> D = Victim Refused to Cooperate		<input type="radio"/> E = Juvenile/ No Custody			
Location of Occurrence				Reported Date/Time				Occurred Date/Time							
185 N. RIVER RD. GOLD HILL, OR				053195				053195							
Primary and Secondary Crimes				A/C		Activity		Weapon		Copies To:		By: JBY			
MISSING PERSON										<input checked="" type="checkbox"/> Stats					
										<input type="checkbox"/> Deputy					
										<input type="checkbox"/> JACNET					
										<input checked="" type="checkbox"/> Detectives					
										<input type="checkbox"/> Community Justice					
										<input type="checkbox"/> Circuit Court					
										<input type="checkbox"/> D.A.'s Office					
										<input type="checkbox"/> Victim/Witness					
										<input type="checkbox"/> Mental Health					
										<input type="checkbox"/> Medical Examiner					
										<input type="checkbox"/> JDH					
										<input type="checkbox"/> SCF					
Longitude:				Latitude:											
Type		Name of Complainant		Birthdate		Sex		Race		Phone - (H)		Phone - (W)			
C -1		FONSECA, LAVINA		090237		F		W		592-2757					
Conf.		Address		Employed At											
<input checked="" type="radio"/> Y <input type="radio"/> N		113 BARLOW ST. CAVE JUNCTION, OR		RETIRED											
Type of Victim				I = Individual F = Financial L = L.E. Officer S = Society B = Business G = Government											
				R = Religious O = Other U = Unknown											
Type		Name of Victim		Birthdate		Sex		Race		Phone - (H)		Phone - (W)			
V -1															
Conf.		Address		Employed At											
<input type="radio"/> Y <input checked="" type="radio"/> N															
Note: Type "I" or "L" Requires Victim/Offender Relationship Entry				Injury Type (5 maximum)		<input type="checkbox"/> N <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> T <input type="checkbox"/> U									
Type		Name of Victim		Birthdate		Sex		Race		Phone - (H)		Phone - (W)			
I -2															
Conf.		Address		Employed At											
<input type="radio"/> Y <input checked="" type="radio"/> N															
Note: Type "I" or "L" Requires Victim/Offender Relationship Entry				Injury Type (5 maximum)		<input type="checkbox"/> N <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> T <input type="checkbox"/> U									
Type		Name of Suspect		Birthdate		Sex		Race		Ethnicity		V.O.R.			
S -1		KELLEY, DANNY LEE				M		W		O					
Type		Name of Suspect		Birthdate		Sex		Race		Ethnicity					
S -2															
Type		Name of Suspect		Birthdate		Sex		Race		Ethnicity					
S -3															
Narrative Summary of Crime/Incident										Case Coding					
DNA PROFILES HAVE BEEN MADE AND SUBMITTED BY UNIVERSITY OF NORTH TEXAS. SEE ATTACHED DOCUMENT.										Scene		Hate/Bias Code			
										Domestic Violence:		<input checked="" type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> No Bias	
										Gang Involvement:		<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Unk Bias	
										Suspected Using				See Legend	
										<input type="checkbox"/> Alcohol				M.O. Codes	
										<input type="checkbox"/> Drugs				Burglaries/Thefts	
<input type="checkbox"/> Computer				<input checked="" type="radio"/> (No Force)											
<input type="checkbox"/> N/A				<input type="radio"/> (Force)											
Entry				Add'l M.O. Codes											
<input type="checkbox"/> APB															
<input type="checkbox"/> LEDS/NCIC															
By/Date:															
Deputy Name & Number		Shift/Beat		Date Written		Approved By/Date:									
DET. ERIC FOX #425		4D11		030509		03-05-09									



UNIVERSITY of NORTH TEXAS
HEALTH SCIENCE CENTER at Fort Worth

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Education, Research,
Patient Care and Service

1/23/2009

Jackson County Sheriff's Office
Det. Eric Fox
787 West 8th Street
Medford, OR 97501

Agency Case #: 95-6855
UNTCHI Accession Number: 08-6916

Dear: Det. Eric Fox

This letter is to inform you that **STR and/or mtDNA** profiles have been developed for the sample(s) which were submitted by your agency to the University of North Texas Center for Human Identification (UNTCHI). The DNA profiles for the sample(s) have been entered and uploaded into the Texas Department of Public Safety's State DNA Index System (SDIS). The administrator of the State DNA Index System (SDIS) will then upload these profiles into the FBI's National DNA Index System (NDIS). These results will be periodically searched against all appropriate indexes for potential associations. If an association is confirmed by our facility, a report will be issued to the submitting agency.

Please update your NCIC missing person/unidentified person record to include information on the DNA availability and location. (Example: DNA/Y, DLO/University of North Texas Center for Human Identification, Fort Worth, TX 1-800-763-3147). Please refer to the NCIC Operating Manual or contact your State Missing Person Clearinghouse for NCIC related questions.

Again, if a putative association results from index searches, the submitting agencies will be notified immediately. If you have any other missing person questions, please feel free to contact me.

Phone: 817-735-5175
Fax: 817-735-2424
Email: mfarrar@hsc.unt.edu

Sincerely,

A handwritten signature in cursive script, reading 'Melody Josserand'.

Melody Josserand, MS
CODIS Administrator, UNT Center for Human Identification